

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010414

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 75

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WashingtonLength of stay in lb
10 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Franklin

c. CITY
OR TOWN GeraldInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rural RouteReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Julia Florence Wehmeyer4. DATE OF DEATH Month Day Year
March 27 19625. SEX
female6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-13-18969. AGE (last birthday)
65IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housework10b. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (City and state or country)
Rosebud, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Whitlock

13b. MOTHER'S MAIDEN NAME

Lottie Haase

14. NAME OF HUSBAND OR WIFE

Otto Wehmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT Address
Otto Wehmeyer Gerald, Mo. Rt.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral (Apoplexy)
Pericarditis Nocturna

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/8/50 9 A. to 3/27/62 and last saw him alive on 3/27/62.
Death occurred at _____ m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James J. Shea M.D.

22b. ADDRESS

Gerald, Mo.

22c. DATE SIGNED

3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

3-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

23d. LOCATION (City, town, or county)

Rosebud, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home
Owensville, Mo.
Milford Rd. Winter

25. DATE RECD. BY LOCAL REG.

3/30/62

26. REGISTRAR'S SIGNATURE

Luther C. J. Sudmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0965

2 0360

3 1

4 1

5 1

6

7 0

8 0

9 292.4

10

11

12 2-0

13 5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by *Me*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Michael H. H. Winter*

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.